

Department of the Treasury  
Internal Revenue Service

**Part I General Information**

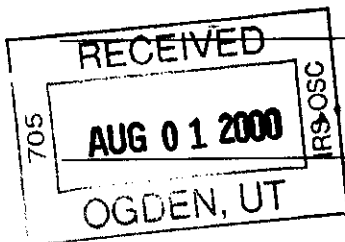
1 Name of organization <i>Sam Thompson for Assembly</i>		Employer identification number <i>436-48-2102</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>5 Lincroft Ave.</i>		<i>91-2068255</i>
City or town, state, and ZIP code <i>Old Bridge, N.J. 08857</i>		
3 E-mail address of organization <i>None</i>		
4a Name of custodian of records <i>Elizabeth A. English</i>	4b Custodian's address <i>25 A Spruce Lane Old Bridge, N.J. 08857</i>	
5a Name of contact person <i>Elizabeth A. English</i>	5b Contact person's address <i>↑ ↑ ↑</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <i>N/A</i>		
City or town, state, and ZIP code		

**Part II Purpose**

7 Describe the purpose of the organization  
*Raise funds to re-elect Samuel D. Thompson to the New Jersey General Assembly and to cover expenses associated with said officeholding as permitted by N.J. Statutes,*

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
<i>Azzolina + Thompson for Assembly</i>	<i>Joint campaign committee for same purposes</i>	<i>121 Duda Lane Aberdeen, N.J. 07747</i>



SCANNED AUG 04 2000

**9a** Name

9b Title

**9c Address**

Candidate

5 Lincroft Avenue  
Old Bridge, N.J. 08857

Treasurer

25A Spruce Lane  
Old Bridge, N. J. 08857

**Sign  
Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

Date \_\_\_\_\_

